121000032137

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

SUBJECT: Hendershott rental properties LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L21000032137	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	•
Legalzoom.com, Inc.	
Name of Firm/Company	-
9900 Spectrum Dr.	
Address	-
Austin, TX 78717	
City/State and Zip Code	-
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
at (773-0888
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO: Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

United States Corporation Agents, Inc. Name of Registered Agent Registered Agent for Hendershott rental properties LLC Name of Limited Liability Company L21000032137 Document Number, if known A copy of this resignation was mailed to the above listed limited liability company at its last known addressed and the office discontinued on the 31st day after the date on which this statement of Resigning Agent	
Name of Registered Agent Registered Agent for Hendershott rental properties LLC Name of Limited Liability Company L21000032137 Document Number, if known A copy of this resignation was mailed to the above listed limited liability company at its last known addressed agency is terminated and the office discontinued on the 31st day after the date on which this statement and the office discontinued on the 31st day after the date on which this statement.	
Name of Limited Liability Company L21000032137 Document Number, if known A copy of this resignation was mailed to the above listed limited liability company at its last known address the agency is terminated and the office discontinued on the 31st day after the date on which this statement and the office discontinued on the 31st day after the date on which this statement.	
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Document Number, it known A copy of this resignation was mailed to the above listed limited liability company at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement.	
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The agency is terminated and the office discontinued on the 31st day after the date on which this statement	
	-
If signing on behalf of an entity:	
Cheyenne Moseley	
Typed or Printed Name	
Asst. Secretary for United States Corporation Agents, Inc.	
Capacity	

Make checks payable to Florida Department of State and mail to:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314